

November 14, 2002

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M2-03-0223-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed DO with a specialty and board certification in Neurosurgery. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ is a 38-year-old female who was injured on ___ when she was turning some valves at work. She experienced some low back pain that became progressively worse. On 2/22/02 she had an MRI of the lumbar spine which was normal. She also had a repeat MRI in June which again as normal for any disc disease or nerve root entrapment. She has been principally complaining of low back pain and leg pain. She subsequently had electrical study of her low back, and it is the reviewer's understanding that it was normal as well. ___ has had one epidural steroid injection by a radiologist, and reported no improvement. Apparently, she has not been working and is not working at this time.

___ is taking medications including Hydrocodone and muscle relaxants.

REQUESTED SERVICE

Bilateral Lumbar Facet Injections and Bilateral Sacroiliac Joint Injections are requested for ___.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

____, who is not working, still has chronic low back pain. Though current studies both prove and disprove the value of facet block, the ____ reviewer finds that in this situation Bilateral Lumbar Facet Injections and Bilateral Sacroiliac Joint Injections would be valuable based on reasonable treatment standards.

As an officer of ____, I certify that there is no known conflict between the reviewer, ____ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

____ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective ***spinal surgery*** decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other ***prospective (preauthorization) medical necessity*** disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).